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#### **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

■ Declaration Submitted with Initial Filing

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		D5110
First Named Inventor	r	Jason R. Thompson
COMPLI	ETE IF	KNOWN
Application Number		,
Filing Date		
Group Art Unit		
Examiner Name		_

As a below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
UNIVERSAL ASSESSORY-MOUNTING ASSEMBLY									
the specification of which	(7	Title of the Invention)							
is attached hereto									
OR		as United S	States Application I	Number or PCT International					
was filed on (MM/DD/YYYY)			учения принамент						
Application Number	and was a	mended on (MM/DD/Y)	m)	(if applicable).					
I hereby state that I have reviewed amended by any amendment spe			entified specification	n, including the claims, as					
I acknowledge the duty to disclose in-part applications, material informational filing date of the	mation which became a	vailable between the fili	is defined in 37 CF ng date of the prio	R 1.56, including for continuation- r application and the national or					
certificate, or 365(a) of any PCT in America, listed below and have	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)  Filing Date (MM/DD/YYYY)  Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									

[Page 1 of 2]

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### **DECLARATION** — Utility or Design Patent Application

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City Warrenville				State	IL	60555 ZIP			
U.S.A.		relephon:		753-22	41	630/753-3982 Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INV	ENTOR:			A peti	tion has been f	iled for this unsigned inven	tor		
Given Name Ja (first and middle [if any])	son R.			Family or Sur		Thompson			
Inventor's Signature A 1/2	nfe			_		Date 11/2/01			
Residence: City Fort W	/ayne		State	IN	Country USA	Citizenship United Stat	es		
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Mailing Address							•		
City Fort Wayne	State	IN		ZIP	46807	U.S.A.			
NAME OF SECOND INVENTOR	:			A peti	tion has been f	iled for this unsigned inven	itor		
Given Name Ma (first and middle [if any])	tthew R.			Family or Sur		LaFontaine			
Inventor's Matthew	R. J	a frij	tains			Date 11/20/01	,-		
Residence: City Fort Wayne			State	IN	Country US	A Citizenship United Stat	tes		
Mailing Address 1249 Branning Ave.									
Mailing Address									
City Fort Wayne	State	ΙN		ZIP	46807	Country United State	:s		
Additional inventors are being named on the _1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									



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#### **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_1\_ of \_1\_

Name of Additional Joint Inventor, if a	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any	/])				Family Na	ame or S	urname
William C.	$\wedge$					Downs	
Inventor's Signature	رد	~		-			Date [2/12/0]
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175 Ln 200A Charles Mailing Address	W						
Mailing Address							
<b>City</b> Angola	Stat	te IN		ZIP	46703	Count	y USA
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							s unsigned inventor
Given Name (first and middle [if any	/])			_	Family Na	ame or S	urname
			ŀ				
Inventor's Signature							Date
Residence: City State				Country Citizenship			
Mailing Address							
Mailing Address							
City	Sta	ite	ZIP Country			ntry	
Name of Additional Joint Inventor, if a	ny:			A petition	has been file	d for this	unsigned inventor
Given Name (first and middle [if any	])		Family Name or Surname				
							·
Inventor's Signature							Date
Residence: City State			Country Citizenship			Citizenship	
Mailing Address							
Mailing Address							
City State				ZIP Country			ountry

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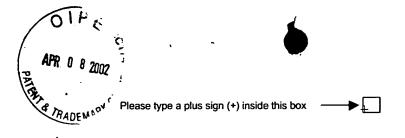
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Jason R. Thompson
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5110

I hereby appoi	int:					1			
Practitioners at Customer Number  OR  Label berg									
Practitioner(s) named below:									
Name Registration Number									
		Dennis Kelly Sullivan		26,51					
		Jeffrey P. Calfa		37,10	)5				
		Neil Powell		45,20	)2				
		Gilberto Hernandez		46,48	3				
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Telephone		030/733-3023	Fax	030	0//33-390	52			
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
	SIGNATURE of Applicant or Assignee of Record								
Name	Jacon P. Thompson								
Signature	1 1								
Date	11,	102/01							
NOTE: Signatures of all	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
□ *Total of 3		ms are submitted.							



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Application Number	
Filing Date	
First Named Inventor	Jason R. Thompson
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5110

OR	t: ers at Customer Number 304 r(s) named below:	10	LE DATENT	904TO				
Name Registration Number								
	Dennis Kelly Sullivan		26,510					
	Jeffrey P. Calfa Neil Powell		37,105					
	Gilberto Hernandez		45,20 46,48					
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Telephone	630/753-3023	Fax	Fax 630/753-3982					
	Inventor. of record of the entire interest. See 37 Cl		6).					
	SIGNATURE of Applicant or As	signee of Re	ecord					
Name	Matthew R. LaFontaine							
Signature	Matthew R. La Fortoine							
Date	10.1							
	ne inventors or assignees of record of the entire in gnature is required, see below*.	terest or their re	epresentative(s) a	re required. S	ubmit multiple			
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First Named Inventor	Jason R. Thompson
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5110

I hereby	appoint:				<u> </u>				
OR		Customer Number	30410		<b>→</b>	0470	r de		
Practitioner(s) named below:  Name  Registration Number									
		Name Dennis Kelly Sul	llivan		egistration N 26,51				
		Jeffrey P. Cal		37,105					
		Neil Powell							
		Gilberto Hernar			45,202 46,483				
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
		SIGNATURE of A	Applicant or Assi	gnee of Rec	ord				
Name	William C. Downs								
Signature	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]								
Date	Date								
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
□ *Total of _3	for	ms are submitted.							